MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/522532 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					51						
2			1					52						
3				1				53						
4								54						
5				1				55						
6				1				56						
7				1				57						
8								58						
9								59						
10								60						
11								61						
12								62						
13								63						
14				1				64						
15				1				65						
16				1				66						
17				1				67						
18				1				68						
19				1				69						
20				1				70						
21				1				71						
22				1				72						
23				1				73						
24				1				74						
25								75						
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
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36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.			2					TOTAL IND.						
TOTAL DEP.			22					TOTAL DEP.						
TOTAL CLAIMS			24					TOTAL CLAIMS						

PTO-1360 (REV. 11/04)